

FEB 06 2008

PTO/SB/21 (01-08)

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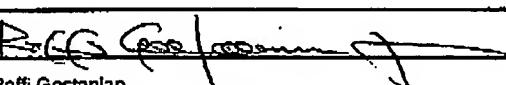
Total Number of Pages in This Submission 3

Application Number	10/773,130
Filing Date	02/05/2004
First Named Inventor	Israel Alpert
Art Unit	2154
Examiner Name	Keefer, Michael E.

Attorney Docket Number

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Raffi Gostanian		
Date	02/06/2008	Reg. No.	42,595

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Raffi Gostanian
	Date 02/06/2008

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/773,780
Filing Date	02/05/2004
First Named Inventor	Irael Alpert
Art Unit	2154
Examiner Name	Keefer, Michael E.
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioner associated with the Customer Number:

67,208

 Please change the correspondence address for the above-identified application to: The address associated with Customer Number:

67,208

OR

 Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/82)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Irael Alpert

1/6/2008

Telephone

972 855 3300

NOTE! Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and) by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (01-06)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/773,130
Filing Date	02/08/2004
First Named Inventor	Israel Alper
Art Unit	2154
Examiner Name	Keefer, Michael E.
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:

67,208

 Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number:

67,208

OR

 Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

 Applicant/Inventor, Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature



Name

Jason Sandler

Date

1/6/2008

Telephone

972 853 3500

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual needs. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. RFD TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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